

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90393 030 ***150.00

DOCUMENT # P98000010445

1. Entity Name
ADVANCED ENDOSCOPIC SPECIALTISTS, INC.



Principal Place of Business
**509 OLEANDER LANE
DELRAY BEACH, FL 33483**

Mailing Address
**509 OLEANDER LANE
DELRAY BEACH, FL 33483**

50038721



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2081667

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JORGE, CARMELITA
509 OLEANDER LANE
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHULTZ, PETER A
STREET ADDRESS 509 OLEANDER LANE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE SD
NAME JORGE-SCHULTZ, CARMELITA
STREET ADDRESS 509 OLEANDER LANE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-05 561 274 2150